

Transplantation (SCT), a procedure used to treat a variety of hematological and autoimmune disorders. Evidence suggest that activity and exercise help minimize debilitation experienced by SCT patients brought about by chemotherapy toxicity, immunosuppression, and other post-transplant complications such as graft-versus-host-disease for allogeneic transplants (Kisch & Pizunski, 2004; Cole & Salvatore, 2002). **Purpose:** The purpose of this poster presentation is to describe the collaborative function of nursing with physical/occupational therapy (PT/OT), including examples of tertiary activities, and outcomes demonstrating the benefits to SCT patients. **Discussion/Intervention:** Nurses play a pivotal role in the reduction of debilitation in SCT patients through consistent assessment of rehabilitation needs and effectiveness of tertiary activities. In a comprehensive center, tertiary activities are multi-faceted and include completing basic activities of daily living such as grooming, ambulation three times per day, group exercises every Tuesday and Thursday, individualized exercise program, one-on-one PT/OT sessions specific for weakness, fatigue, general deconditioning and steroid myopathy. Multidisciplinary rounds are conducted to identify the SCT patient requiring intensive PT/OT and follow-up. In addition, a long-term care group was created to monitor and provide continuity of care to the chronically-ill transplant patient until maximum functionality has been attained. **Evaluation:** This abstract will present a chart that portrays tertiary prevention activities and initiatives, the tools utilized and how these measures benefit the SCT patient. **Implication to Nursing:** The Standards of Oncology Nursing Practice and the comprehensive center's SCT pathway have identified mobility as one of the high-incidence problem areas that needs to be addressed through tertiary activities and exercise programs. Nurses play an integral part in motivating patients and soliciting their participation with tertiary prevention activities that help reduce debilitation and improve quality of life.

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##### **BREAKING THE SILENCE: UNCOVERING SEXUALITY IN STEM CELL TRANSPLANTATION**

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**Topic/Purpose:** Sexuality is a fundamental human need. It has a role in self-esteem, body image and quality of life. In a comprehensive cancer center, nursing orientation and education programs in a transplant unit focuses on management of Stem Cell Transplant (SCT) complications. Sexuality assessment and intervention was not a major program aim. The purpose of this quality improvement project was to assess nurses' awareness of models available to guide sexuality assessment and interventions to promote patient education to address identified sexuality concerns. **Intervention:** Nurses participated in informal unit discussions to assess comfort levels with conducting sexuality assessments, knowledge of available resources and barriers to initiating and discussing sexuality with SCT patients. **Discussion/Evaluation:** During discussions, a number of nurses expressed addressing sexuality only when patients relayed their apprehensions. Moreover, nurses were not always aware of available sexuality models to be effective educators and advocates for the SCT population. Results from the discussion yielded information to develop a sexuality in-service program for SCT nurses. The program will include an introduction of several available models to increase nurses' knowledge and confidence with sexuality assessments. Education about all available models will supply nurses a baseline understanding of sexuality assessment and the opportunity to incorporate a model in their practice that suits them. A program goal will be to increase nurses' awareness of sexuality assessment resources, so they will be equipped to develop plans of care tailored for individual SCT patients. The presentation will identify models and topics that will be integrated in the unit orientation plan. **Implication:** As identified in standards of oncology nursing practice, the oncology nurse systematically and continually collects data regarding the health status of patients, including sexuality. The revised orientation plan will improve patient care and education by enhancing nurses' ability to appropriately address patient's sexuality concerns.

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##### **MAPPING GRAFT VERSUS HOST DISEASE AFTER ALLOGENEIC STEM CELL TRANSPLANT-A PROSPECTIVE APPROACH TO RECOGNIZE AND CAPTURE SIGNS AND SYMPTOMS OF GRAFT VERSUS HOST DISEASE (GVHD) AND EVALUATE TREATMENT EFFECTIVENESS**

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Initial assessment begins pretransplant by recording information on a timed assessment calendar. It includes patient name, age, diagnosis, performance status, HLA matching status, source of stem cells (related, unrelated, haplo, cord) peripheral blood versus bone marrow, CD34/kg of graft, CD 3/kg of graft, departmental specific immunological reconstitution post transplant research protocol, banking protocol for donor/recipient pairs (DNA).

The post transplant portion of the assessment calendar uses a time line for fixed assessment dates: day zero, fourteen, thirty, sixty, one hundred, one hundred eighty, two hundred seventy and one year. A monthly or more frequent assessment is warranted if active GVHD is being treated. The validated assessment tool addresses all major systems and documents the onset and degree of the present organ involvement.

GVHD treatment methods are documented with specifics such as type of treatment, current dosage, onset, effectiveness-ineffectiveness and discontinuation. This also includes Standard of Care prophylaxis including: antibiotic, antiviral, anti fungal and anti PCP. Clinical GVHD findings are validated whenever possible through tissue and blood sampling and other testing (such as skin, mucosal biopsies, blood markers, Schiller test).

A multidisciplinary team is formed to participate in the treatment of GVHD. The core team members are from departments of Dermatology, Ophthalmology, Pulmonology, Gastroenterology, Gynecology as well as Bone and Mineral, Physical therapy and Psychology. Regular discussion meeting dates are set to present current complex GVHD patient issues. The team also explores new treatment options.

Whenever possible the patient will be enrolled into institutional or national GVHD clinical trials. Literature searches for pertinent GVHD information and collegial information exchanges are encouraged. Consideration is given to non-traditional approaches for example acupuncture.

A future goal is establishing a clinic for patients with prolonged severe clinical GVHD symptoms and those enrolled in GVHD clinical trials.

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##### **THE ABCS OF BLOOD AND MARROW TRANSPLANTATION: A TRAINING PROGRAM FOR PEDIATRIC ONCOLOGY NURSES**

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The inpatient unit at the Children's Cancer Hospital at The University of Texas MD Anderson Cancer Center serves a combination of oncology and blood and marrow transplant patients. The nursing staff is trained to care for general oncology patients and blood and marrow transplant patients. Nurses caring for these patients require specialized training to meet the patients' needs. With this in mind, the instructor, clinical nurse specialist, and associate director developed educational guidelines for the nurses that would receive blood and marrow transplant training. The criteria included a minimum of one-year experience on the unit, attending the two-day pediatric blood and marrow transplant course, and a minimum of three precepted, clinical days by the clinical nurse specialist or instructor. The two-day training course includes hematopoiesis, complications, preparative regimens, standard operating procedures, and the nursing procedures. The pediatric transplant attending physicians, transplant coordinator, pharmacist, instructor and clinical nurse specialist present lectures to the staff. The course is offered several times throughout the year with ongoing mentorship for the staff. The three twelve hour days of precepted training begin with the patient's admission day. The nurse, with the clinical nurse specialist or instructor, review the admission and chemotherapy orders, provide patient and family education regarding the transplant process and daily routine, and review the standard operating